Virginia Department of Behavioral Health & Developmental Services

Mortality Review Committee Member Orientation

March 26, 2020

DBHDS Vision: A life of possibilities for all Virginians

Topics Covered

- Overview of the MRC Charter
- Review of the Policies, Processes, and Procedures
- Role and Responsibilities of the Members
- Training on Continuous Quality Improvement Principles

Mortality Review Committee Purpose

The purpose of the DBHDS Mortality Review Committee (MRC) is to contribute to system-wide quality improvement by;

- Conducting mortality reviews of individuals with an intellectual disability and/or developmental disability (ID/DD)
- Reviewing all deaths of ID/DD individuals who received services in a state-operated facility or in the community through a DBHDS-licensed provider
- Providing ongoing monitoring and data analysis to identify trends/patterns
- Making recommendations to promote the health, safety and well-being of these individuals in order to reduce the incidence of potentially preventable deaths.

DBHDS and MRC Mission

DBHDS MISSION & VISION

Vision Statement: A life of possibilities for all Virginians

Mission Statement: Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life

As a commitment to the Commonwealth of Virginia, DBHDS and the MRC contribute to the system of care improvements through;

- *integration of clinical evidence*
- *data driven determinations*
- *evidenced based quality improvement recommendations*

Specific Purpose of the MRC

Identification of risk factors and development of specific systemic interventions are crucial functions in order to make a positive impact on decreasing the number of preventable deaths.

The MRC is charged with the identification and determination of;

- Cause of death *(CoD)*
- Whether the death was expected *(XP)*
- If the death was potentially preventable *(PP)*
- Relevant factors impacting the individual's death
- Any other findings or risk factors that may have affected the health, safety, and welfare of the individual
- Actions which may reduce these risks *(includes provider training and communication regarding risks, alerts, and opportunities for education)*
- Recommended actions and/or interventions as appropriate, assignment of actions to members and monitoring actions until completed

Meeting Requirements

The MRC is a sub-committee of the DBHDS Quality Improvement Committee and requires that:

- On an ongoing basis, MRC meetings must demonstrate that the committee identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death for all ID/DD individuals receiving a licensed service
- Case reviews are provided to members only during the meeting for a facilitated narration and discussion *(adherence to mandated privacy & confidentiality regulations)*
- Scheduled on the 2nd and 4th Thursdays of each month from 10am – noon
- Mortality data is reviewed on a quarterly basis

Quorum Requirements

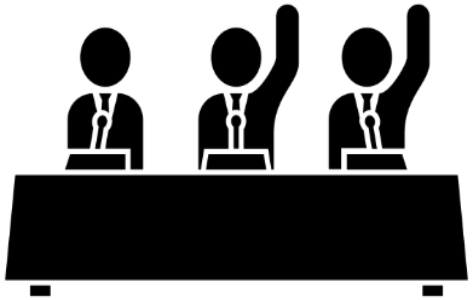
- ✔ Members must attend 75% of meetings
  (notify Program Coordinator when unable to attend)

- ✔ A quorum is 50% of the voting membership, plus one - with attendance of at least: *(One member may satisfy two roles)*
  - A medical clinician
  - A member with clinical experience to conduct mortality reviews
  - A professional with quality improvement expertise
  - A professional with programmatic/operational expertise

Voting Membership

Required MRC Voting members:

- Chief Clinical Officer
- Deputy Commissioner of Developmental Services (*or designee)*
- Assistant Commissioner of Licensing and Compliance (*or designee)*
- Senior Director of Quality Improvement
- Director, Community Quality Improvement (*or designee)*
- Director, Data Quality and Visualization (*or designee)*
- Director, Office of Human Rights (*or designee)*
- Clinical Manager, Mortality Review *(Co-Chair)*
- Manager, Incident Team *(Office of Licensing)*
- Manager, Investigation Team *(Office of Licensing)*
- Manager, Pharmacy Services
- MRT Clinical Reviewer
- MRT Program Coordinator
- Registered Nurse from the Office of Integrated Health
- A member with clinical experience to conduct mortality reviews, who is otherwise independent of the State



Advisory Membership

Advisory non-voting members *(nominated by the Commissioner or Chairs of the MRC)* may include representatives from:

- Department of Medical Assistance Services
- Department of Health
- Department of Social Services
- Office of Chief Medical Examiner
- Community Services Board
- Other Subject Matter Experts
  (such as from DD Providers or Advocacy Organizations)

Membership Requirements

Voting Members:

- Have decision making capability and voting status
- Attend 75% of meetings per year and may send a proxy that is approved by the MRC Chair (or Co-Chair) prior to the meeting
- Review data and reports for meeting discussion

Advisory Members:

- Are non-voting stakeholder members selected and approved by the QIC and DBHDS Commissioner whose various perspectives provide insight on MRC reviews, clinical insight, medical expertise, and MRC performance goals, outcomes, required and recommended actions.
- Inform the committee by identifying and prioritizing MRC decision making and recommendations.
- May be appointed for a term of two (2) years, and may be reappointed for up to two additional terms.
- Attend 75% of meetings per year and may send a proxy that is approved by the MRC Chair (or Co-Chair) prior to the meeting.

Role of the Mortality Review Team

1. **Within 90 days of a death,** the MRT develops a succinct case summary by reviewing and documenting the availability/unavailability of:

- Medical records: Including healthcare provider and nurses notes for three months preceding death
- Incident reports for three months preceding death
- Most recent individualized service program *(ISP)* plan
- Medical and physical examination records
- Death certificate and autopsy report (if available)
- Any evidence of maltreatment related to the death

2. The Clinical Reviewer documents all relevant information into the electronic Mortality Review Form and the Chief Clinical Officer/Clinical Manager completes a preliminary review of all case summaries prior to the MRC meeting. During this preliminary review, a case is identified as Tier 1 or Tier 2.

- A Tier 1 case requires a detailed, comprehensive review of multiple factors and areas of focus by the MRC.
- A Tier 2 case does not require a detailed, comprehensive review as the preliminary review was sufficient.

Role of the MRC Members

3. The MRC members then:

- Perform comprehensive clinical mortality reviews utilizing a multidisciplinary approach that addresses relevant factors *(medical, genetic, social, environmental, risk, susceptibility, and others as specific to the individual)* and quality of service.

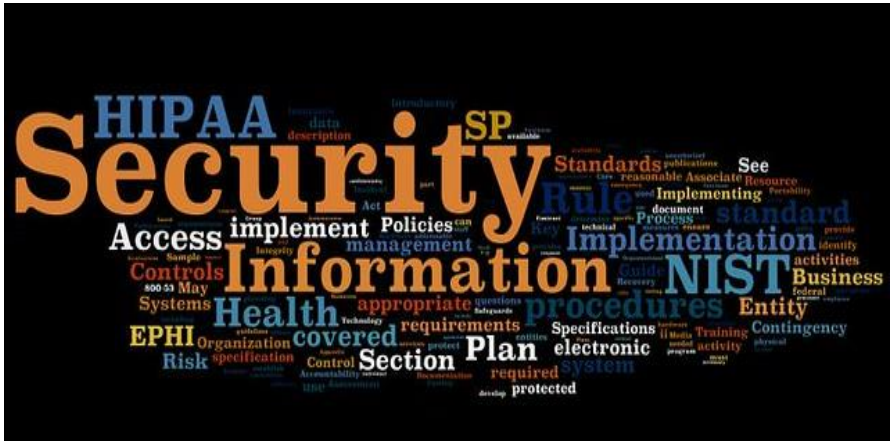
- Evaluate the quality of the decedent's licensed services related to disease, disability, health status, service use, and access to care

- Review and concur with Office of Licensing Corrective Action Plans *(CAPs)* related to required recommendations, to ensure no further action is required

- Develop recommendations for potentially preventable cases (and others as appropriate). Actions r/t factors not included in the CAP are addressed also

MRC Confidentiality Procedures

To ensure confidentiality and adhere to mandated privacy regulations and guidelines, case reviews are provided to MRC members as hard copy during the meeting only. All printed material with identifying information is disposed of in a locked location for confidential shredding.



Mortality reviews are conducted in accordance with Virginia Code § 37.2-314.1. Portions of meetings in which individual death cases are reviewed by the MRC are closed pursuant to Virginia Code § 2.2-3711(A) (21). In addition; information, records, discussion, and opinions disclosed during meetings at which the MRC reviews a specific death are confidential. Pursuant to Virginia Code § 37.2-314.1, members of the MRC, guests and any person presenting information or records on specific deaths, shall sign an agreement to maintain this confidentiality.

Tasks of the MRC

4. To the best ability, and to reduce mortality rates to the fullest extent practicable, the MRC will:

- Determine for each case the cause of death, whether the death was expected, and if it was potentially preventable
- Classify which of the four risk factors may have prevented the death *(Coordination of care, Access to care, Execution of established protocols and/or Assessment of individual's needs and change in status)*
- Identify any gaps in service and/or provision of care
- Make system quality improvement suggestions by developing recommendations/actions related to unexpected, potentially preventable deaths

Tasks of the MRC (continued)

All MRC recommendations from each meeting, are assigned to a committee member as "Actions". Members report on recommended actions at each MRC meeting in order to assure completion or needed revisions (follow-up).

- An update on these assigned actions by members are to be sent to the MRT Program Coordinator **by the Tuesday prior to the next MRC meeting**.
- These Actions are considered as follow-up activities and are reviewed at each meeting to ensure completion

The MRC prepares and delivers to the DBHDS Commissioner a report of the deliberations, findings, and recommendations.

Quarterly, the MRC will prepare and deliver to the QIC, a report specific to the committee's findings and recommendations.

The Mortality Review Committee charter is reviewed and/or revised on an annual basis, or as deemed necessary by the committee.

Data Analysis and MRC Responsibilities

On an ongoing basis, the MRC documents recommendations for systemic quality improvement initiatives coming from patterns of individual reviews or patterns that emerge from any aggregate examination of mortality data.

Annually, the MRC develops four initiatives from these ongoing system QI recommendations, and reports these initiatives to the QIC and the DBHDS Commissioner.

The MRC prepares an annual report of aggregate mortality trends within six months of the end of the fiscal year.

Alphabet for Meeting Etiquette

Adhere to the Agenda: Due to timeframe requirements for mortality reviews - remaining on-topic ensures that the committee can maintain compliance.

Be Courteous: Keep sidebar conversations to a minimum.

Cell Phones: On silent, please!

Do Participate: All committee members' participation is valuable.

Questions or Thoughts